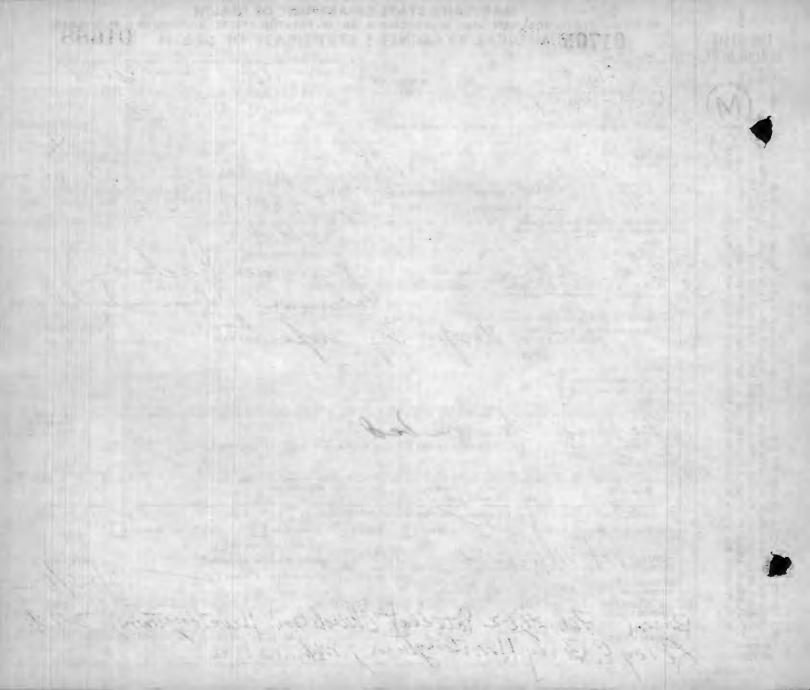
RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fived, If institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CRY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RUR IL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE First Last Month Day DECEASED OF the (Type or print) DEATH 2 with a 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BUTTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Devs Hours d 2 hour WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3. Pag pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME masis event . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. IMPORMAN? Address (Yes, no, or unkown) (If yes give war or detes of service) 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (a)-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil ! IMMEDIATE CAUSE (e) DUE TO burial Conditions, if any, which (6) gave rise to immediate couse Examiner's 6 used as a DUE TO (e), steting the underlying ŏ cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing a Chief I Page 3 s to buria the C. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (State) fectory, street, office bldg., etc.) While Not While al work el work prior ok th 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute t should be for PUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CRAMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) OFE 6 24e. REC'D BY REGISTRAR 2.6. REGISTRAR'S SIGNATURE VS. ATSME a-Then & Kings 5M 7/59

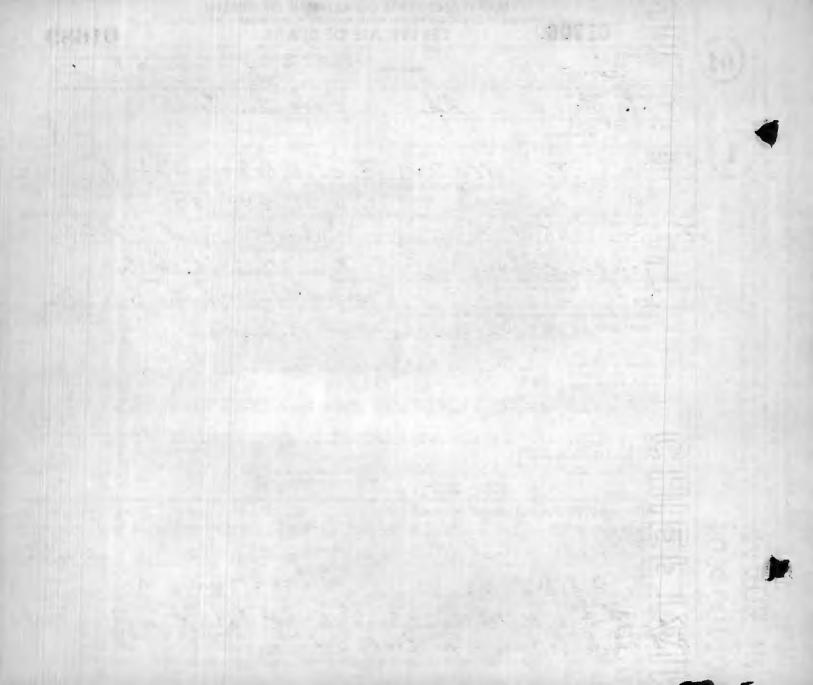


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01706

01689

1.	g. COUNTY ()	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COLINITY						
	Cabreet MARYLAND	o. STATE The b. COUNTY Calso						
Ι,	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RIPRAL and Dive neares flown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
	Huntingtown Life	X Huntinglown						
	d. NAME OF HOSPIJAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM? YES NO						
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
-	(Type or print) / NEWTON	BSON SP DEATH Feb. 9, 1962						
S	SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER LYEAR IF UNDER 24 HRS.   In the last birthday)   Months   Days   Hours   Min.						
	MIDOWED DIVORCED	nor. 21, 1874 87 yrs.						
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MOST OF WORKING life, even itselfined)  Arm Ciquer (Kelinsel) Farming 3. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  Cabulto, That  14. MOTHER'S MAIDEN NAME						
	Joseph Liber	mares ann Sheckello						
15, (Ye	S. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1745, no. optiminown) (If yes, give war or dates of service)	FORMANT POIL TIME Address of The Transfer of t						
	no -	agones, seven - Hunkingtours, mel						
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH						
	IMMEDIATE CAUSE (o)	-an assesse						
	DUE TO	1						
	Conditions, if any, which gove rise to immediate (b) (CTCC VOSCUB)							
	couse (a), staling the under: \ DUE TO							
1,	lying couse last. (c)	The state of the s						
CERTIFICATION	5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
_		D. (Enter nature of injury in Part I or Port II of item 18.)						
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for Hour a.m. While Not while at work at work	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) tary, street, office bldg., etc.)						
	21. I certify that (I) (this haspital) attended the deceased fram							
	saw the deceased alive an19, and that d	leath accurred at M, from the causes and an the date stated above.						
13	220. IGNATURE	ATTENDING MED STAFF 22b. DATE						
15		M.D. PHYS. DIRECTOR PHYS. D						
П	PHYSICIAN'S NAME (Type) G. J. WEEMS	HUNTING TOWN, MD.						
230	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O							
_	Bernel Tib. 11, 1962 Hentingtown	Mitherete Cabret Tourly mel						
6	a Funeral Director's SIGNATURE of ADDRESS that	DATE FEB 1 3 '62 25b. REGISTRAR'S STONATURE						



MARYLAND STATE DEPARTMENT OF HEALTH <u>DI</u>VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND Calvert Calvert Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give negrest town) Land Prince Frederick Lusby d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM County Hospital YES NO Calvert NAME OF DECEASED 4. DATE Middle Last Month Day February 20 19 62 DEATH (Type or print) Joseph Goff S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF SIRTH lost birthday) Months January 1, 1888 DIVORCED [ WIDOWED [ Male Negro 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME .5 Rachel Holly with Henry Goff IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Annie Goff. Lusby. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that (1) (this haspital) attended the deceased from... 1968 and that death occurred at 66 M, fram the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22h DATE RIGNED ATTENDING PHYS. MED. 2/20/62 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) St. Leonard. Md. Roberto de 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town, or county) (Stote)

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Chillian S. Hours

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FUNERAL

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ofter death. Page 4 funeral director, should be filed with TO HOSPITAL TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs may be retrieved. By the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bages 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
01708 CERTIFICATE OF DEATH

01691

1. PLACE OF DEATH a. COUNTY Calvert	COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Ualvert						
b. CITY OR TOWN (III RURAL and give ne Prince Fr		vrite c. LENGTH	OF STAY IN 16	×	St. Leon		rote limits, write RI	URAL ond	give nea	rest town	)
OR INSTITUTION	d. NAME OF HOSPITAL (If not in haspital, give street address)				d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO 🔀	
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon	th	Day	y	Year
(Type or print)	Edith S.	Phillip	5			DEATH	February				19 62
5. SEX	6. COLOR OR RACE 7.			8. DA	TE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Haurs	ER 24 HRS Min.
Female	IIIITO	DOWED [	DIVORCED [	17/	8/92		68 yrs.	10.017			
during most of work	N (Give kind of work danking life, even if retired)	10b, KIND OF B	USINESS OR INDU	USTRY	11, BIRTHPLACE (State	e or fareign of	ountry)	12. CIII	IZEN OF	WHATC	COUNTRY
Housewife					Ohio			US	A		
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
Winfield S			· ·		Anne Powel	1					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (19 yes, give war or dates of service)  NO  Howard E. Phillips  57/Leonard								. /	Md.	
18. CAUSE OF DEA	TH [Enter anly ane cause	per line for (a), (l	b), and (c).]	6	/ / .				INTE	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cère	brak (	71	neymer	<b>.</b>			0143	EI AIND	DEATH
33	3 3 A DUE TO							05	5 weeks		
Conditions, if ar											
gave rise to in	mmediate (										
lying cause lost.	cause (a), stoting the <u>under-</u> lying cause lost.  (c)										
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BU	TON T	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 11	P. WAS PERFO YES	PRMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)							t II of (tem 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while at work at work at work at work at work at work.								(Stote			
23. I certify tha	t (I) (this hospital) a	ttended the d	leceosed from	Dec	- 25, 15	26210_	deb1	19.	- the	ot (I) (	we) los
sow the deceos	ed alive on Sub	12 196	and that	deot	occurred of	.M, from	the couses on	d on the	e date	stoted	above
22a. SIGNATURE									SIGNE		
22c. PHYSICIAN'S NAME (Type)	Robert	HECA	RREMO	-	22d. ADDRESS	th	eon122	در			
23a. BURIAL, CREMATIO REMOVAL (Specify)	1-1 - 01	2 Gre	en oun	OR CR	ematory ender	1234. LOCA	TION (City, town,	or county)	10	(State	7/0
24. FUNERAL DIRECTOR		of ADDI		Sh	25a. REC	D BY REGIS	TRAR 256. REGI	STRAR'S SI	IGNATUR	RE	
7,4,700		1 TO THE	muy +	111	FEE	1 5 '62	Cita		and the second second		

TRO TO-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01692 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Calvert Calvert b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give neares) town) RURAL and give nearest town) O Huntingtown Huntingtown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Lost Month filled DECEASED OF DEATH (Type or print) Jessie Reid Feb. 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX lost birthday) Months ofter WIDOWED -DIVORCED | June. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Naryland Farmer 72 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME g physician remave carb .⊑ with Jessie Elizabeth Russell 17 INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. Address attending [ Huntingtown. à any 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Part I or Part II of item 18.) 120c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED foctory, street, office bldg., etc. Hour o. m. While Not while p. m. at work at work 21. I certify that (1) (this haspital) attended the deceased fram. Wand that death accurred at 12M, from the causes and an the date stated above. saw the deceased alive an 220. SIGNATURE ATTENDING MED. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Huntingtown, J. Weems George FUNER 0 23a. BURNIL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

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death. Page

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certificate

death

Plum Point ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE Prince Tred

REMOVAL (Specify)

Calver 250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE L. Lui & Theres

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

that (1) (we) last

Md

(Stote)

Md

22b, DATE SIGNED

(Stole)

Day

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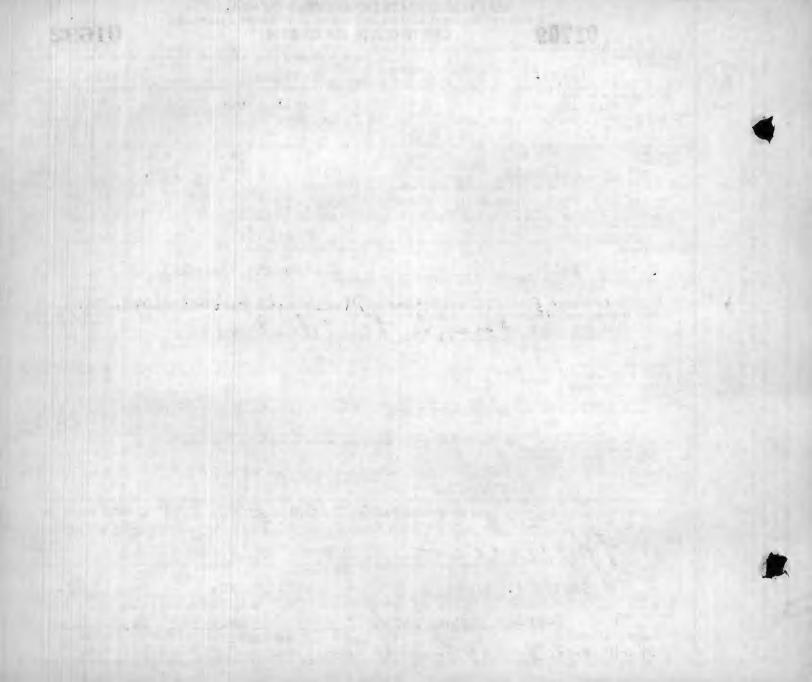
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VR A1S (4) 15M II/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
O1710 CERTIFICATE OF DEATH

01693

Fi	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, If		before admission)		
L	o. COUNTY Cal	Calvert			o. STATE Md. b. COUNTY PR. 6=0					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	PRINC	PRINCE FREDERICK			1	Temple Hills 1617-2				
Г	d. NAME OF HOSPITA OR INSTITUTION	NAME OF HOSPITAL (If not in hospital, give street address)			d. STREET ADDRESS e. IS RESI					
	Calvert Nursing Home			6402- PORTAL AVESE YES NO E						
3	NAME OF DECEASED	Fi	irst	Middle	Last	4. DATE OF	Month	Day Yeor		
	(Type or print)	CARA	VELIA	F.	RUFFNER	DEATH	Feb.	6 19 62		
S	. SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	All disch	EAR IF UNDER 24 HRS.		
	F	W	WIDOWED	DIVORCED	aug 14-	1880 81	yrs. Months De	ays Hours Min.		
1	00. USUAL OCCUPATION during/most of working	N (Give kind of work	done 10b. KIND O	F BUSINESS OR INDU	STRY 17. BIRTHPLACE (S	(gte or foreign country)	12. CITIZE	N OF WHAT COUNTRY?		
I		WIFE	~	(	1/	a.	21	. S. Fl.		
1.	3. FATHER'S NAME	0	* 1		14. MOTHER'S MAIDE	N NAME	2			
	Benjame	: -Sm	1 +6			50	Ewson			
1	S. WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16. SOCIAL	SECURITY NO. 17.	FORMANT		Address	7 / 1		
1	(Tes, na, or Unknown)	f yes, give war or dates of	service)	Q	inner R	Ruthner	6402-	Todal Im.		
F	18. CAUSE OF DEAT	TH   Enter only one o	ouse per line for (o	l, (b), and (c).	577467711. 1		WH MA	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:									
	331-	DUE TO								
	Conditions, if ony, which ) Hypertension									
	gave rise to im	gove rise to immediate								
	lying cause lost.	couse (a), storing the under-								
1	PART II. OTHI	*******		UTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE CONDIT	ION GIVEN IN PART I	(o) 19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							PERFORMED?			
	200. ACCIDENT WAS	UNDERLYING [	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of item	18.)			
		MEDICAL EXAMINER								
1	20c. TIME OF INJURY	Month, Doy, Ye			ACE OF INJURY (Home,	form, 20f. (City or town)	(Cou	inty) (State)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. While Not while of work of work of work of work 19 o										
	21. I certify that (I) (this haspital) attended the deceased from Jan. 26, 19.62, to Feb. 5, 19.62, that (I) (we) last									
	saw the decease	1				O: M5 from the cau	ses and on the	late stated above		
	220. SIGNATURE	12/	1	and mark	redir decorred di_	my iron me cao	ses und on the c	22b. DATE		
	140)	yell,	13/1		M.D. PHYS.	MED. STAFF PHYS.	П	2-6-62		
	22c. PHYSICIAN'S				22d. ADDRESS					
	NAME (Type)	Page	C. Jett			Prince Frede	rick, Mary	rland		
2	30. BURIAL, CREMATION	N. 23b. DATE THERE	OF 23c. N	IAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City	, town, or county)	(Stote)		
	BELLEAN (Specify)	Feb. 9-1	62 110	Oley Vio	w Cem.	notion	melle.	Va		
2	4. FUNERAL DIRECTOR'S	SIGNATURE	1/ / AL	DORESS O Hope		REC'D BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE		
0	Aummon	o Bro	1661-	560	DAIS	FR 8 '62	certain S. His	use		
200		19	- CUP				243			

